

Office
 District I – (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II – (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III – (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV – (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM
 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-44131
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Saltwater Disposal		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator NGL Water Solutions Permian, LLC		6. State Oil & Gas Lease No. 325930
3. Address of Operator 865 N. Albion Street, Suite 500, Denver, CO 80220		7. Lease Name or Unit Agreement Name SAND DUNES SWD
4. Well Location Unit Letter <u>K</u> : <u>2600</u> feet from the <u>South</u> line and <u>2500</u> feet from the <u>West</u> line Section <u>8</u> Township <u>24S</u> Range <u>31E</u> NMPM <u>6</u> County <u>Eddy</u>		8. Well Number 002
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 372338
10. Pool name or Wildcat Devonian		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: 5 YEAR MIT TEST <input checked="" type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

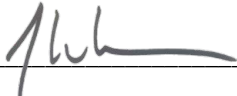
(3.4.2024) 5 Year MIT performed . Pressured to 539 psi to start test. Ended at

530 psi. Ran test for 32 minutes. **Operator Reported**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

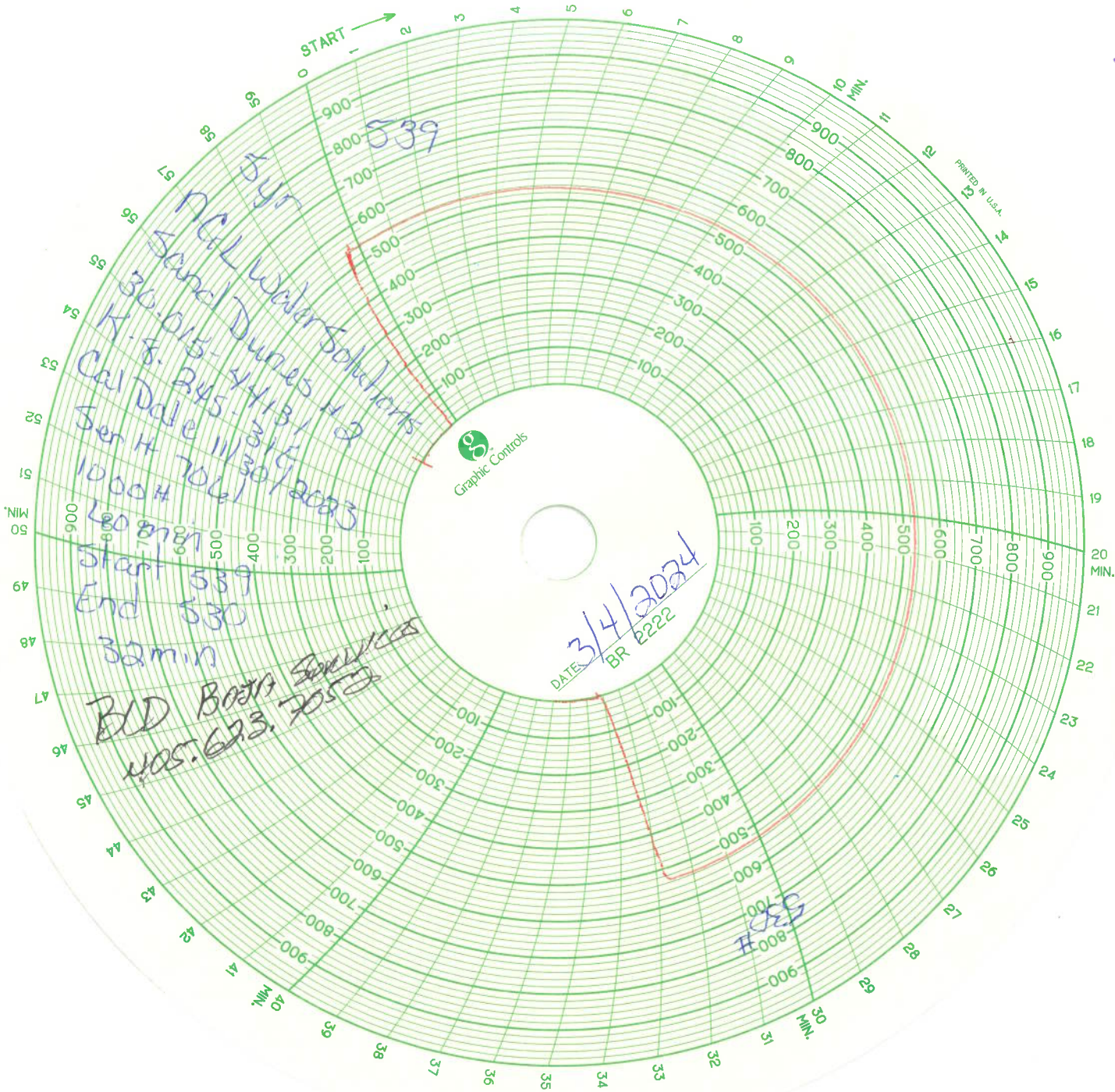
SIGNATURE  TITLE Regulatory Director DATE 3.26.2024

Type or print name Joseph Vargo E-mail address: Joseph.Vargo@nglep.com PHONE: 303-597-5652

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):



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CONDITIONS

Action 326832

CONDITIONS

Operator: NGL WATER SOLUTIONS PERMIAN, LLC 865 North Albion Street Denver, CO 80220	OGRID: 372338
	Action Number: 326832
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	4/11/2024